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LONG-TERM OUTCOMES IN SURVIVORS OF EARLY VENTRICULAR ARRHYTHMIAS AFTER ACUTE MI TREATED WITH PCI

Poster Contributions
Hall C
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Session Title: Arrhythmias and Clinical EP: VT
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Background: Guidelines do not recommend ICD for prevention of sudden death in patients who develop ventricular arrhythmia within 48h of MI (early VA) if successfully revascularized. We aimed to determine long-term mortality in a cohort of early VA survivors.

Methods: This retrospective study included 84 survivors of early VA after acute MI treated with PCI at our institution between 2002 and 2012. Those with previous ICD, pre-MI LVEF<35% and those receiving ICD prior to discharge were excluded. Baseline, presenting clinical and PCI characteristics, plus outcomes were compared with matched controls with PCI-treated MI but no early VA.

Results: Compared with the MI survivors without early VA, those with early VA more likely had STEMI (88 vs 54%, p<001) with a corresponding lower door-to-balloon time (94.7 ± 117 vs 200.7 ± 280 min, p=0.02). The early VA group had lower LVEF (45.3 ± 15.7 vs 54.6 ± 10.7%, p<0.001), more frequent cardiogenic shock (33 vs 4%, p<0.001) and use of intraaortic balloon pump (11 vs 1%, p<0.001) in contrast to controls. There was no significant survival difference between patients with and without post-MI early VA who survived to hospital discharge. (Figure, p=0.94)

Conclusions: Early VA occurs more frequently in patients with STEMI and is associated with lower LVEF and cardiogenic shock. However, with early revascularization, hospital survivors without previous systolic dysfunction who are not treated with ICD have similar long-term prognosis compared to those without early VA.